

CLAIMS ONLY

Application Number

Applicant(s) 10/7/0,813

Filling Date

update

| CLAIMS | AS FILED 8/24/14 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|---------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 2 | | | | | |
| Total Depend. | 20 | | | | | |
| Total Claims | 22 | | | | | |

* May be used for additional claims or amendments

| Additional Claims or Amendments | | | | | | |
|---------------------------------|-------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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| Total Claims | | | | | | |